Effective Date: January 1, 2019

**Evidence of Coverage Rider**

for People Who Get Extra Help Paying for Prescription Drugs
(also called a Low Income Subsidy Rider or LIS Rider)

Please keep this notice - it is part of Senior Whole Health of New York NHC (HMO SNP)’s Evidence of Coverage.

Our records show that you qualify for extra help paying for your prescription drug coverage. This means that you will get help paying your monthly premium and prescription drug cost sharing.

As a member of our Plan, you will receive the same coverage as someone who is not getting extra help. Your membership in our Plan will not be affected by the extra help. This also means that you must follow all the rules and procedures in the Evidence of Coverage.

Please see the chart below for a description of your prescription drug coverage:

<table>
<thead>
<tr>
<th>Your monthly plan premium is</th>
<th>Your yearly deductible is</th>
<th>Your cost sharing amount for generic/preferred multi-source drugs is no more than</th>
<th>Your cost sharing amount for all other drugs is no more than</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0*</td>
<td>$0</td>
<td>$0 (each prescription)</td>
<td>$0 (each prescription)</td>
</tr>
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</table>

* The monthly plan premium does not include any Medicare Part B premium that you may still need to pay. The plan premium you pay has been calculated based on the Plan’s premium and the amount of extra help you get.

Please refer to your Evidence of Coverage for more information on paying your plan premium.
Once the amount both you and Medicare pay (as the extra help) reaches $5,100 in a year, your co-payment amount(s) will go down to $0 per prescription/ $3.40 for generic and preferred brand drugs that are multi-source, or $8.50 for all others.

Medicare or Social Security will periodically review your eligibility to make sure that you still qualify for extra help with your Medicare prescription drug plan costs. Your eligibility for extra help might change if there is a change in your income or resources, if you get married or become single, or you lose Medicaid.

If you have any questions about this notice, please contact Member Services 1-877-353-0185 (TTY 711), 8 a.m. to 8 p.m. local time, 7 days a week, or at www.seniorwholehealth.com/nynhc.

Senior Whole Health of New York NHC is an HMO SNP plan with a Medicare Advantage contract and a contract with the New York Medicaid program. Enrollment is voluntary and depends on annual contract renewal.

The benefit information provided herein is a brief summary, not a complete description of benefits. For more information, contact the plan. Limitations, copayments, and restrictions may apply. Benefits may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. You must continue to pay your part B premium, if it isn’t already being paid by another party.

Senior Whole Health of New York, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-353-0185 (TTY 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-353-0185 (TTY 711).

注意：如果您讲中文普通话，我们将为您 提供免费的语言援助服务。请拨打 1-877-353-0185 (TTY 711)。